

State of North Carolina
Department of Environment,
Health and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary



September 26, 1997

CERTIFIED MAIL: P-536 310 170
RETURN RECEIPT REQUESTED

Steve Williams
A.T. Williams Oil Co.
5446 University Parkway
Winston-Salem, NC 27109

SUBJECT: Underground Storage Tank (UST) Closure Assessment at Priority Freight
Systems, 3325 Old Thomasville, Winston-Salem, Forsyth County:

Dear Mr. Williams:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. Originally, submitted reports are reviewed based on requirements outlined in representative guidelines at the time of UST permanent closure. In order to determine whether or not the closure was performed in accordance with State or Federal regulations and/or guidelines, the Groundwater Section must be provided with the following information:

- A. refer to the enclosed chart(s) for analyses that are required to be run and were not for the original closure report, please resample as needed; and,
- B. the disposal manifest for the tank(s) OR the address of the person/company the tank(s) were transferred to, along with their letter of acceptance. (Previous manifest submitted for the tanks were from a different origin).

Due to staffing constraints and excessive workloads, we did not have the opportunity to review your report until now. The above referenced items required by our regulations and/or guidelines, appear to be missing from the closure report. The item(s) should have been included in the initial closure report. Your cooperation in submittal of this required information is appreciated. Submission of these items will allow for a final review and consideration for closeout of the subject site. Please be advised that failure to submit the requested item(s) by the deadline specified in this letter will result in our inability to close your site, and may result in the recommendation for enforcement action for failure to submit a complete report.

585 Woughtown Street,
Winston-Salem, North Carolina 27107-2241
Voice 910-771-4600



FAX 910-771-4633
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Please submit the requested information listed above 30 days from receipt of this letter.

If sampling was requested, it must be conducted according to current guidelines. All soil/groundwater sample analyses must be accompanied by a chain-of-custody and the sampling protocol. *Please note that all subsurface investigative work is now required to be supervised by a North Carolina Licensed Geologist or Professional Engineer, with all reports signed and sealed by that professional.* Please refer to the file name, **Priority Freight Systems**, on the cover letter of your reply. This will help us speed up the review. If you have any questions, please contact me at the letterhead address and/or telephone number.

Sincerely,

Thomas Moore

Thomas Moore
Hydrological Technician

cc: Regional Office Files

P-536 310 170

PRIORITY FREIGHT SYSTEMS
NO POSTAGE NECESSARY
IF MAILED IN THE UNITED STATES
(See Reverse)

Sent to

Priority Freight Systems

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none">1. <input type="checkbox"/> Addressee's Address2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: STEVE WILLIAMS A.T. WILLIAMS OIL COMPANY 5446 UNIVERSITY PARKWAY WINSTON SALEM, NC 27109		4a. Article Number P-536 310 170	
5. Received By: (Print Name) Steve Williams		4b. Service Type <ul style="list-style-type: none"><input type="checkbox"/> Registered<input checked="" type="checkbox"/> Certified<input type="checkbox"/> Express Mail<input type="checkbox"/> Insured<input checked="" type="checkbox"/> Return Receipt for Merchandise<input type="checkbox"/> COD	
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8. Addressee's Address (Only if requested and fee is paid)			

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PS Form 3811, December 1994

Domestic Return Receipt

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